

Parenting Questionnaire

1. List the three words which you would feel best describe an ideal home environment for children. _____

2. What do you think are the most important values for a child to learn in a family? _____

3. Husband: What is or will be your greatest strength as a parent? _____

4. Husband: What is or will be your greatest weakness as a parent? _____

5. Husband: What is or will be your spouse's greatest strength as a parent? _____

6. Husband: What is or will be your spouse's greatest weakness as a parent? _____

7. Wife: What is or will be your greatest strength as a parent? _____

8. Wife: What is or will be your greatest weakness as a parent? _____

9. Wife: What is or will be your spouse's greatest strength as a parent? _____

10. Wife: What is or will be your spouse's greatest weakness as a parent? _____

11. Think of someone you know whom you see as a successful parent. Why is that person successful? _____

12. Think of someone you know whom you feel is a poor parent. Why isn't that person successful? _____

13. Husband: In what ways do you want your parenting to resemble your own parents' behavior?

14. Husband: In what ways do you want your parenting to differ from your own parents' behavior?

15. Wife: In what ways do you want your parenting to resemble your own parents behavior?

16. Wife: In what ways do you want your parenting to differ from your own parents' behavior?

17. What goals do you have in mind for your child(ren)? _____

18. What do you want and expect from your child(ren)? _____

19. What forms of discipline and guidance do you use (or expect to use)? _____

20. What do you consider the idea in number, sex, and spacing of children for your own family? _____

21. What type of child do you feel you can parent? _____

22. What strength and background do you have that will enable you to parent this type of child?

23. What things do you feel you absolutely cannot accept any child? _____

24. How important to you is the teaching of your faith to your child? _____

25. How do you do this? _____

26. If you have no children describe your experiences with the children of others that would assist you as parents. _____

27. If you have children, please provide the following information:

Name _____ Date of Birth _____

Adopted or Biological _____ School Grade _____

Physical Description _____

Personality description _____

Special Interests _____

Health Concerns _____

How do you and child relate? _____

How do you think child will react to new child? _____

Name _____ Date of Birth _____

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Name _____ Date of Birth _____

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Health Concerns _____

How do you and child relate? _____

How do you think child will react to new child? _____
